

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155774		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 03/24/2011	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 1101 MICHIGAN AVENUE LOGANSPOUT, IN46947			
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F0000	<p>This visit was for a Recertification and State Licensure.</p> <p>Survey dates: March 22, 23, & 24, 2011</p> <p>Facility number: 012036 Provider number: 155774 AIM number: N/A</p> <p>Survey Team: Angela Strass, RN-TC Julie Wagoner: RN Tim Long, RN</p> <p>Census bed type: SNF: 14 Total: 14</p> <p>Census payor type: Medicare: 14 Total: 14</p> <p>Sample: 8</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 28, 2011 by Bev Faulkner, RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0226 SS=D	<p>Based on record review and interview, the facility failed to follow their policy related to documentation from witnesses for 1 of 1 reported allegations of abuse reviewed. This involved Resident #15.</p> <p>Finding Includes:</p> <p>On 3/23/11 at 10:00 a.m., review of a reported incident, dated 1/26/11, indicated Resident #15 stated "That staff member put her hand over my mouth and squeezed my cheeks."</p> <p>On 3/23/11 at 2:30 p.m., the administrator was asked for the investigation and provided a written summary as follows:</p> <p>"After completing an investigation of the event on 1-26-11, it was determined that the alleged incident was not abusive in nature. Administrator and Director of Nursing completed interviews with therapists (3). All having the same story stating that resident was counting out another resident's exercises and the therapist touched her cheeks in a joking manner as if they were close friends. An interview was also conducted with the resident involved; who stated that the actions of the therapist shocked her but did not harm her. It was conclusive that all parties involved did not believe this action to be abusive. The specific</p>			F0226	<p>F 226 No other residents have been affected by this deficient practice. Moving forward a summary will be compiled by the Administrator or designee at the conclusion of all abuse investigations including, but not limited to, statements from involved parties. This follows the Facility Abuse Policy and Procedure protocol. All abuse investigations will be reviewed by Quality Assurance Nurse or designee to ensure that abuse investigation policy is being followed. Furthermore, education on the facility Abuse Policy and Procedure will be conducted by April 22, 2011 and then quarterly for all staff. All corrections will be completed by April 23, 2011. Addendum: Quality Assurance audits will be completed on any unusual occurrence weekly for 8 weeks, and then Monthly per the QA program to ensure compliance.</p>		04/23/2011

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	<p>employee was suspended during the investigation process and was disciplined for her actions. All staff has been inserviced on the importance of reporting possible abuse allegations."</p> <p>On 3/24/11 at 3:00 p.m., the administrator was asked if there were written statements by the witnesses and he indicated "no." He stated that the risk management team has them shredded.</p> <p>Review of the facility policy for Abuse Prohibition, Reporting and Investigation, dated 3/8/10, indicated the following:</p> <p>"A comprehensive record of all abuse investigations is to be compiled and kept by the facility, including but not limited to, Incident Reports, statements from witnesses and others involved, reports, communication and all other relevant information."</p> <p>3.1-28(a)</p>						

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F0272 SS=D	<p>Based on record review and interviews, the facility failed to assess a resident's response to the removal of a urinary catheter for 1 of residents reviewed for incontinence in a sample of 10. (Resident #14) In addition, the facility failed to assess symptoms of a urinary tract infection for 2 of 2 residents reviewed for infections in a sample of 10. (Residents #13 and #7)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #13 was reviewed on 03/22/11 at 2:15 P.M. Resident #13 was admitted to the facility on 03/03/11 from an acute care facility with diagnosis, including but not limited to diverticulitis of the colon.</p> <p>The admission physician orders, dated 03/03/11 included an order for the antibiotic, Septra to be given for 5 days. A subsequent physician's order, dated 03/07/11 for the antibiotic, Zithromax was also received.</p> <p>There was no assessment of documentation, from 03/03/11 - 03/07/11 regarding any signs and/or symptoms of infection of any kind for Resident #13. On 03/08/11, there was an assessment regarding signs and/or symptoms of a urinary tract infection for Resident #13</p>			F0272	<p>No other residents were affected by this deficient practice. All nurses will be in-serviced on completing the Catheter (Anchored) Removal/Insertion Assessment upon the removal of any Anchored Catheters. All nurses will be in-serviced on completing the Infections Assessment every shift for all residents on an Antibiotic. These In-services will be completed by April 22, 2011. Director of Nursing or Designee will complete a Catheter Removal Review with Physicians Order for Removal of Catheter.</p> <p>(Attachment A) Director of Nursing or Designee will complete an Infection Assessment Review daily Monday through Friday for 4 weeks, then weekly for 4 weeks, then monthly for 4 months then quarterly with our QA tool.</p> <p>(Attachment B) All Corrections will be completed by April 23, 2011 Addendum: QA tools will be monitored and evaluated by Quality Assurance team weekly for 8 weeks then Monthly thereafter. Findings will be corrected upon discovery and a summary will be reported at the monthly QA Committee Meeting to ensure compliance.</p>		04/23/2011

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	<p>documented.</p> <p>Interview with the Director of Nursing, on 03/23/11 at 11:15 A.M., indicated the previous facility had sent a urinalysis laboratory test on 03/03/11 prior to the resident's discharge and admission to this facility. She indicated she thought the Septra was ordered to treat a possible urinary tract infections. She indicated that on 03/07/11 the facility faxed the physician due to the dark color of Resident #13's urine and the physician ordered the Zithromax. She confirmed there was no assessment of any signs and/or symptoms specific to a urinary tract infection documented until 03/08/11.</p> <p>2. The clinical record for Resident #14 was reviewed on 03/23/11 at 10:00 A.M. Resident #14 was admitted to the facility, from an acute care facility on 03/12/11, with diagnosis including, but not limited to; pneumonia, Alzheimer's dementia, and urinary retention. The initial admission assessment, completed on 03/12/11 at 14:30 (2:30 P.M.), indicated the resident had an indwelling urinary catheter.</p> <p>A physician's order, dated 03/18/11, was received to remove and discontinue the urinary catheter. There was no assessment or documentation regarding the removal of the resident's catheter and</p>						

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	response to the removal documented. Interview with the Director of Nursing, on 03/23/11 at 1:30 P.M., indicated the only documentation was a daily assessment which marked, "abdomen not distended" and a 3 day voiding pattern which indicated the resident had been incontinent of urine on 03/18/11 at 4:00 P.M. and voided in the toilet on 03/18/11 at 6:00 P.M.						

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F0333 SS=D	<p>Based on record review and interviews, the facility failed to ensure medications were given as prescribed in order to promote treatment of respiratory conditions, bladder control and infections for 3 of 10 residents reviewed for medication orders in a sample of 10. (Residents #7, 12, and 14)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #12 was reviewed on 03/24/11 at 9:30 A.M. Resident #12 was admitted to the facility on 03/21/11 with diagnosis, including but not limited to, bronchitis and chronic obstructive pulmonary disease (COPD).</p> <p>The admission orders included orders for the resident to receive Duoneb respiratory treatments QID (four times a day) and PRN (as needed).</p> <p>Review of the Medication Administration Record (MAR) for March 2011 indicated the resident did not receive the first dose of Duoneb treatment until 6:00 A.M. on 03/22/11. There was no documentation beside the 4:00 and 9:00 P.M. scheduled doses of Duoneb to indicate why the resident did not receive the medication.</p> <p>Review of the admission assessment, completed on 03/21/11, indicated the</p>		F0333	<p>F 333 No other residents were affected by this deficiency; no residents were harmed by this deficiency. No negative outcomes noted because of this deficient practice. All transcription errors were immediately corrected upon finding. All Nurses will be in-serviced on New Orders Verbal/ Telephone Policy. All Nurses will be in-serviced on the Medications available in the Pyxis Medication Distribution Machine. All Nurses will be In-serviced by April 22, 2011. Director of Nursing or Designee will perform Medication Transcription Administration Audit daily for 4 weeks, weekly for 4 weeks, monthly for 4 months, then quarterly. (Attachment C) All corrections will be in place by April 23, 2011. Addendum: QA tools will be monitored and evaluated by Quality Assurance team weekly for 8 weeks then monthly thereafter. Findings will be corrected upon discovery and a summary will be reported at the monthly QA meeting to ensure compliance.</p>		04/23/2011	

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	<p>resident was admitted to the facility at 4:00 P.M. and was assessed to have "wheezes" in her breath sounds.</p> <p>Review of the facility list of medications included in the Emergency Medication Kit, included both respiratory bronchodilator medications, Albuterol and Ipratropium Bromide, the generic names for the medications in Duoneb.</p> <p>Interview with the Director of Nursing (DN), on 03/24/11 at 2:00 P.M., indicated she did not know why the medications were not obtained from the pharmacy or the emergency drug kit and administered. She thought perhaps the nurse was unaware of the generic name for the medications.</p> <p>Review of the nurse's notes for 03/21/11 and 03/22/11 indicated there was no documentation regarding the inability to administer medications timely for Resident #12. In addition, Resident #12 had a physician's order, dated 03/23/11 at 5:00 P.M., to change the strength of Coumadin (a blood thinner) and new orders for the vitamins, Iron and C. Both Vitamins were orders to be given on a daily basis.</p> <p>Review of the March 2011 MAR indicated the strength of the Coumadin</p>						

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	<p>had been changed to reflect the new order, but the addition of the Iron Supplement and the Vitamin C had not been placed on the MAR and had not been administered on 03/24/11. Interview with the Director of Nursing, on 03/24/11 at 2:00 P.M., indicated she had spoken with LPN #1 and she had "missed" the new orders for Vitamin C and the Iron supplement.</p> <p>2. The clinical record for Resident #14 was reviewed on 03/23/11 at 10:00 A.M. Resident #14 was admitted to the facility, on 03/12/11, with diagnosis, including but not limited to pneumonia and COPD. The admission physician orders, included orders for the medication, Duoneb (a bronchodilator) to be given QID (four times a day) for 5 days, and Ditropan xl 100 mg (a medication to increase bladder control). There was no frequency ordered on the Ditropan order.</p> <p>Review of the March Medication Administration Record (MAR) 2011 indicated the Ditropan was not on the record and had not been administered throughout the resident's entire stay - 12 days.</p> <p>The March 2011 MAR indicated the Duoneb had not been administered until 6:00 P.M., on 03/13/11. The order was accurately rewritten and administered after 03/13/11 at 6:00 P.M. The resident</p>						

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	<p>missed 4 doses of medication.</p> <p>Review of the facility list of medications included in the Emergency Medication Kit, included both respiratory bronchodilator medications, Albuterol and Ipratropium Bromide, the generic names for the medications in Duoneb.</p> <p>Interview with the Director of Nursing, on 03/24/11 at 2:00 P.M. indicated she did not know why the medications were not obtained from the pharmacy or the emergency drug kit and administered prior to 03/13/11. She thought perhaps the nurse was unaware of the generic name for the medications. She indicated the Ditropan order had been "missed" when the resident was admitted to the facility.</p>						

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F0371 SS=F	<p>Based on observation, and interviews, the facility failed to ensure 2 of 2 cooks observed preparing food did not touch food directly with contaminated gloves. (Cook #1 and 2) This actually affected 7 of 14 meals observed being prepared and potentially affected 14 of 14 residents who consumed food prepared in the kitchen.</p> <p>Finding includes:</p> <p>1. During the observation of the meal preparation for the noon meal, on 03/22/11 between 12:00 - 12:15 P.M., the following was noted during the preparation of 7 of the 14 meals for residents on the long term care unit:</p> <p>Cook #1 washed her hands, donned a pair of disposable gloves, picked up an aerosol can of non-stick cooking spray and sprayed the grill, then touched the refrigerator door handle, opened plastic wrap and reached in a handled two hamburger patties directly with her soiled hands. After placing the hamburgers on the grill, she removed her gloves, washed her hands, and donned a clean pair of gloves. She then rearranged paper order forms with her gloved hands, then obtained a baking tray, touched the refrigerator door and handle, reached in the refrigerator and obtained a handful of</p>			F0371	<p>F 371 Millers Merry Manor has systems in place and has policies and for food procurement/ sanitation. This policy and procedure is in accordance with State and Federal Law. This deficiency potentially could have affected all residents that resided at the facility during survey. Cooks #1 and #2 were immediately in-serviced on proper glove use on 3-22-11. To ensure that this deficiency does not occur, all Cooks and salad positions were in-serviced on proper glove use on 3-28-11. Additionally all cook, and salad positions were in-serviced on proper use of tongs on 4-8-11. Additional sanitation in-services will be given to cook and salad positions monthly. A skills checklist will be used with cook and salad positions to ensure proper glove and tong use. (Attachment D) Monitoring the effectiveness of these systems will be done by Weekly sanitation checklists (Attachment E) done by dietary manager of designee, for one month, then bi monthly for one month then monthly there after. These sanitation check lists will be reviewed by Logansport's Certified Dietary Manager upon completion. Registered Dietitian will perform spot checks in the kitchen at each scheduled visit (two times monthly) for the next 8 weeks to monitor compliance. If any issues are found during the</p>		04/23/2011

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	<p>onion rings with her contaminated gloved hand. She then placed and arranged the onion rings directly with both of her hands onto the baking tray and placed the tray into the oven. After again removing her gloves and washing her hands, Cook #1 donned another pair of gloves. She then, utilizing both of there gloved hands, handled the outsides and sides of two stacked microwave ovens, handled the outside of the refrigerator door, and then reached into the refrigerator and grabbed a handful of chicken nuggets directly with her gloved, contaminated hands. She placed the chicken nuggets into a deep fryer basket. She then touched the outside lid of a trash can, again rearranged paper orders, touched the outside of the microwaves again, and then obtained a bowl of food from the refrigerator touching the sides and edges with her contaminated gloved hands. Cook #1 continued to touch the outside of refrigerators, wrappers, handles, and touched cheese slices, buns, and bread directly with contaminated gloved hands.</p> <p>Cook #2 washed her hands and donned a pair of disposable gloves, touched the outsides of two stacked microwaves, touched the outside of a plastic bag, reached in and directly handled sliced turkey meat. After preparing the turkey meat in a bowl, the cook removed her</p>				<p>audits; a repeat audit will be done the following day. All corrections will be in place by April 23, 2011. Addendum: Sanitation checks will be monitored by by QA comittee weekly for 8 weeks then monthly thereafter. Findings will be corrected upon discovery and a summary will be reported at the monthly QA comittee meeting to ensure compliance.</p>		

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	<p>gloves and washed her hands. After donning another pair of gloves, the cook handled the outside of a bread wrapper and reached in with her contaminated gloved hands and directly obtained sliced bread. After washing her hands again and donning another pair of gloves, the cook handled touched the outside of the microwave, bowls, food order paper tickets, wrappers, and the refrigerator door and reached in an directly handled a piece of cheese, which was placed on top of food in a bowl.</p> <p>Interview with the Food Service Supervisor on 03/21/11 at 12:15 P.M., indicated the food for long term care facility floor residents was prepared at the time ordered by the resident by Cooks #1 and #2 on an individual basis. She did not offer any comment regarding the concern with the food handling by Cook #1 and #2.</p> <p>3.1-21(i)(2)</p>						

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F0425 SS=D	<p>Based on record review and interviews, the facility failed to ensure medications were obtained and administered timely for 3 of 10 residents reviewed for medication orders in a sample of 10. (Residents #7, 12, and 14")</p> <p>Findings include:</p> <p>1. The clinical record for Resident #12 was reviewed on 03/24/11 at 9:30 A.M. Resident #12 was admitted to the facility on 03/21/11 with diagnosis, including but not limited to, bronchitis and chronic obstructive pulmonary disease (COPD).</p> <p>The admission orders included orders for the resident to receive Duoneb respiratory treatments QID (four times a day) and PRN (as needed).</p> <p>Review of the Medication Administration Record (MAR) for March 2011 indicated the resident did not receive the first dose of Duoneb treatment until 6:00 A.M., on 03/22/11. There was no documentation beside the 4:00 and 9:00 P.M. scheduled doses of Duoneb to indicate why the resident did not receive the medication.</p> <p>Review of the admission assessment, completed on 03/21/11, indicated the resident was admitted to the facility at 4:00 P.M. and was assessed to have</p>		F0425	<p>F 425 No other residents were affected by this deficiency; no residents were harmed by this deficiency. No negative outcomes came out because of this deficiency. All transcription errors were immediately corrected upon finding. All Nurses will be in-serviced on New Orders Verbal/ Telephone Policy. All Nurses will be in-serviced on the Medications available in the Pyxis Medication Distribution Machine. All Nurses will be in-serviced on the In touch Medication ordering and receiving from Pharmacy Policy and Procedure. All Nurses will be In-serviced by April 22, 2011. Director of Nursing or Designee will perform Medication Transcription Administration Audit daily for 4 weeks, weekly for 4 weeks, monthly for 4 months, then quarterly. All corrections will be in place by April 23, 2011. Addendum: QA tools will be monitored and evaluated by Quality Assurance team weekly for 8 weeks then Monthly thereafter. Findings will be corrected upon discovery and a summary will be reported at the monthly QA committee meeting to ensure compliance.</p>		04/23/2011	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>"wheezes" in her breath sounds.</p> <p>Review of the facility list of medication included in the Emergency Medication Kit, included both respiratory bronchodilator medications, Albuterol and Ipratropium Bromide, the generic names for the medications in Duoneb.</p> <p>Interview with the Director of Nursing, on 03/24/11 at 2:00 P.M., indicated she did not know why the medications were not obtained from the pharmacy or the emergency drug kit and administered. She thought perhaps the nurse was unaware of the generic name for the medications.</p> <p>Review of the nurse's notes for 03/21/11 and 03/22/11 indicated there was no documentation regarding the inability to administer medications timely for Resident #12.</p> <p>In addition, Resident #12 had a physician's order, dated 03/23/11 at 5:00 P.M., for an Iron Supplement and Vitamin C. Both supplements were ordered to be given on a daily basis. Review of the March 2011 MAR, on 03/24/11 at 2:00 P.M., indicated the Iron Supplement and the Vitamin C had not been placed on the MAR and had not been administered on 03/24/11. Interview with the Director of</p>						

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	<p>Nursing, on 03/24/11 at 2:00 P.M., indicated she had spoken with LPN #1 and she had "missed" the new orders for Vitamin C and the Iron supplement.</p> <p>2. The clinical record for Resident #14 was reviewed on 03/23/11 at 10:00 A.M. Resident #14 was admitted to the facility, on 03/12/11, with diagnosis, including but not limited to pneumonia and COPD. The admission physician orders, included orders for the medication, Duoneb (a bronchodilator) to be given QID (four times a day) for 5 days.</p> <p>Review of the March 2011 MAR indicated the Duoneb was documented as not having been administered until 6:00 P.M. on 03/13/11. The resident missed 4 doses of Duoneb.</p> <p>Review of the facility list of medication included in the Emergency Medication Kit, included both respiratory bronchodilator medications, Albuterol and Ipratropium Bromide, the generic names for the medications in Duoneb.</p> <p>Interview with the Director of Nursing, on 03/24/11 at 2:00 P.M., indicated she did not know why the medications were not obtained from the pharmacy or the Emergency Drug Kit and administered prior to 03/13/11. She thought perhaps</p>						

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	<p>the nurse was unaware of the generic name for the medications.</p> <p>Review of the facility policy and procedure, titled, "Ordering and Receiving Medications From Pharmacy" indicated the following: "...3. New medications, except for emergency or "stat" medications, are ordered as follows: a) If needed before the next regular delivery, phone the order to pharmacy immediately upon receipt. Inform pharmacy of the need for prompt delivery and request delivery within (4) hours. b) Timely delivery of new orders is required so that medication administration is not delayed. The emergency kit is used when the resident needs a medication prior to pharmacy delivery...."</p>						

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F0514 SS=D	<p>Based on record review and interviews, the facility failed to ensure medication orders were transcribed accurately for 2 of 10 residents reviewed for medication orders in a sample of 10. (Residents # 12 and 14)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #12 was reviewed on 03/24/11 at 9:30 A.M. Resident #12 was admitted to the facility on 03/21/11 with diagnosis, including but not limited to, bronchitis and chronic obstructive pulmonary disease (COPD).</p> <p>A physician's order, dated 03/23/11 at 5:00 P.M., to change the strength of Coumadin (a blood thinner) and new orders for the vitamins, Iron and C was received. Both vitamins were orders to be given on a daily basis. Review of the March 2011 MAR indicated the strength of the Coumadin had been changed to reflect the new order, but the addition of the Iron Supplement and the Vitamin C had not been placed on the MAR and had not been administered on 03/24/11. Interview with the Director of Nursing, on 03/24/11 at 2:00 P.M. indicated she had spoken with LPN #1 and she had "missed" the new orders for Vitamin C and the Iron supplement.</p>			F0514	<p>F 514 No other residents were affected by this deficiency; no residents were harmed by this deficiency. No negative outcomes noted from deficient practice. All transcription errors were immediately corrected upon finding. All Nurses will be in-serviced on New Orders Verbal/ Telephone Policy. All Nurses will be In-serviced by April 22, 2011. Director of Nursing or Designee will perform Medication Transcription Administration Audit daily for 4 weeks, weekly for 4 weeks, monthly for 4 months, then quarterly. All Corrections will be in place by April 23, 2011. Addendum: QA tools will be monitored and evaluated by Quality Assurance team weekly for 8 weeks then Monthly thereafter. Discoveries will be corrected immediately and a summary will be reviewed at the monthly QA committee meeting to ensure compliance.</p>		04/23/2011

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	<p>2. The clinical record for Resident #14 was reviewed on 03/23/11 at 10:00 A.M. Resident #14 was admitted to the facility, on 03/12/11, with diagnosis, including but not limited to pneumonia and COPD. The admission physician orders, included an order for the medication, Ditropan xl 100 mg (a medication to increase bladder control). There was no frequency ordered on the Ditropan order.</p> <p>Review of the March 2011 MAR indicated the Ditropan was not on the record and had not been administered.</p> <p>Interview with the Director of Nursing, on 03/24/11 at 2:00 P.M., indicated she did not know why the medications were not accurately documented on the March 2011 MAR. She indicated the Ditropan order had been "missed" when the resident was admitted to the facility.</p> <p>3.1-50(a)(1)</p>						